

Health Insurance (1992 Pathology Services Table) Regulations (Amendment)
1992 No. 273

EXPLANATORY STATEMENT

STATUTORY RULES 1992 No. 273

Issued by the authority of the Minister for Health, Housing and Community Services

Health Insurance Act 1973

Health Insurance (1992 Pathology Services Table) Regulations (Amendment)

The Health Insurance Act 1973 (the Act) provides for payments by way of medical benefits, payments for hospital services and payments for matters concerning related committees and tribunals.

Section 133 of the Act provides that the Governor-General may make regulations for the purposes of the Act.

Section 4A of the Act provides that the regulations may prescribe a table of pathology services in accordance with the form of table set out in Schedule 1A and that, upon commencement of a regulation prescribing a table of pathology services, the prescribed table has effect as if it were set out in Schedule 1A in place of the table in that Schedule. The Health Insurance (1992 Pathology Services Table) Regulations (Amendment) amend such a table.

Section 9 of the Act provides, in effect, that medicare benefits shall be calculated by reference to the fees for medical services (including pathology services) set out in the table (which includes the pathology services table (the table)) in Schedule 1A to the Act.

The Regulations refine the descriptions of a number of items in the table, revise the descriptions and the fees of items in the Immunology Group of items in the table, and introduce 2 new rules to the Rules of Interpretation of the table. One rule permits exemptions from an existing rule which allows for 2 or more requests for pathology services to be taken to have been rendered following a single request in certain circumstances, and the other rule provides for a specimen referred fee to be charged in specified circumstances for certain pathology services in place of a patient episode initiation fee, where a laboratory performs pathology services referred on by another laboratory.

Subregulation 3.4 inserts new rule 3A which provides exemptions to rule 3 (the rule which allows 2 or more requests for 2 or more pathology services to be taken to have been rendered following a single request, when the services are listed in the same item and the patient's need for the services was determined on the same day) increasing the number of services to be taken as being rendered in response to a separate request which may be provided for seriously ill in-hospital patients in a 24 hour period, and permitting up to 6 essential tests to be done in a 6 months period to monitor the health of patients with certain strictly defined conditions.

Subregulation 3.5 inserts new rule 5A which defines designated pathology service' by reference to 3 new items proposed for the table, and provides for the payment of a specimen referred fee for a designated pathology service, under item 73921 rather than a patient episode initiation fee, to a laboratory performing tests referred on from another laboratory which has already completed some services listed on the original request.

Subregulations 3.7 - 3.15 contain 17 items, recommended by the Pathology Services Table Committee, which for the most part are in substitution for existing items but with new descriptions. On balance these changes have no financial implications.

Subregulation 3.16 incorporates new item descriptors and fees (including an average 4.85% increase in fees) for the Immunology Group of items in the table, recommended by the Pathology

Services Table Committee as a result of a review of that group of items commenced in February 1990 and agreed to by the Minister for Health, Housing and Community Services.

The Regulations are to commence on 1 September 1992.